

APPLICATION DATA SHEET

Application Information

Application Number:: Not yet assigned
Filing Date:: Herewith
Application Type:: Regular
Subject Matter:: Utility
CD-ROM or CD-R?::
Number of CD Disks::
Number of Copies of CDs::
Sequence Submission?::
Computer Readable Form (CRF)?::
Number of Copies of CRF::
Title:: SPACER FOR SLING DELIVERY SYSTEM
Attorney Docket Number:: BSC-278
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 23
Small Entity?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Michael
Middle Name:: S.H.
Family Name:: Chu
City of Residence:: Brookline
State or Province of Residence:: MA
Country of Residence:: US
Street of Mailing Address:: 121 Browne Street
City of Mailing Address:: Brookline

State or Province of Mailing Address:: MA
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 02446

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Alfred
Middle Name:: P.
Family Name:: Intoccia
Name Suffix:: Jr.
City of Residence:: Amherst
State or Province of Residence:: NH
Country of Residence:: US
Street of Mailing Address:: 8 Conifer Lane
City of Mailing Address:: Amherst
State or Province of Mailing Address:: NH
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 03031

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Michael
Middle Name:: G.
Family Name:: McGrath
City of Residence:: Hudson
State or Province of Residence:: MA
Country of Residence:: US
Street of Mailing Address:: 19 Ostego Drive
City of Mailing Address:: Hudson
State or Province of Mailing Address:: MA
Country of Mailing Address:: US

Postal or Zip Code of Mailing Address:: 01749

Correspondence Information

Correspondence Customer Number:: 021323

Representative Information

Representative Customer Number:: 021323

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Non-provisional	60/449,465	02/24/03
	Non-provisional	60/434,167	12/17/02

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
		MM/DD/YY	

Assignee Information

Assignee Name:: SCIMED Life Systems, Inc.

City of Mailing Address:: Maple Grove

State or Province of Mailing Address:: Minnesota

Country of Mailing Address:: US